

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90096 047 ****61.25

DOCUMENT # N01000002489

1. Entity Name

OCEAN HAMMOCK HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**277 SE 5TH AVE
 DELRAY BEACH FL 33483**

**277 SE 5TH AVE
 DELRAY BEACH FL 33483**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GLUCKSTEIN, CARY
 277 SE 5TH AVE
 DELRAY BEACH FL 33483**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-----------------------|---------------------------------|
| TITLE | DPV | <input type="checkbox"/> Delete |
| NAME | GLUCKSTEIN, CARY D | |
| STREET ADDRESS | 277 SE 5TH AVE | |
| CITY-ST-ZIP | DELRAY BEACH FL 33483 | |
| TITLE | ST | <input type="checkbox"/> Delete |
| NAME | GLUCKSTEIN, CARY D | |
| STREET ADDRESS | 277 SE 5TH AVE | |
| CITY-ST-ZIP | DELRAY BEACH FL 33483 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | WRIGHT, MICHAEL | |
| STREET ADDRESS | 277 SE 5TH AVE | |
| CITY-ST-ZIP | DELRAY BEACH FL 33483 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | FARR, KEVIN | |
| STREET ADDRESS | 277 SE 5TH AVE | |
| CITY-ST-ZIP | DELRAY BEACH FL 33483 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Cary D Gluckstein* 1/25/02 561 279 8952
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)